

***EAST HARTFORD'S SCHOOL BASED HEALTH CENTER PROGRAM***

**March 14, 2007**

**Testimony on HB 7366: An Act Concerning School-Based Health Clinics and Community-Based Health Centers.**

Good afternoon Rep. Sayers, Sen. Handley and members of the committee. My name is Debbie Poerio and I am here to speak to you on behalf of **HB 7366: An Act Concerning School-Based Health Clinics and Community-Based Health Centers.**

Last year at the request of Speaker Amann's Healthy Kids Workgroup, and in response to §51 of Senate Bill 317, the Commissioner of the Department of Public Health (DPH) established an Ad Hoc Committee for assistance in improving health care through access to School-Based Health Centers (SBHC). The resultant recommendations made by the Ad Hoc committee were incorporated into a report sanctioned by the Commissioner of DPH in January 2007.

First, let me say that I applaud the efforts of the Ad Hoc committee. Representing such State Departments as Children and Families, Education, Public Health, Office of Policy and Management (OPM), Office of Health Care Access(OHCA), and Office of Fiscal Analysis(OFA), this group was committed to addressing children's issues of access to SBHCs throughout Connecticut. Their recommendations not only represent their collaborative understanding and insight of the challenges facing SBHCs, but also justify the tremendous impact that SBHCs have had as safety net providers for children in greatest need. One of their recommendations, their priority, based on months of discussion and research was to ensure that our **CURRENT** SBHCs were subsidized adequately to bring them up to a Level V model. This was the expectation of DPH when they established the program 16years ago and funded each site approximately \$100,000. Now, 16 years later, although the average funding provided by DPH for each SBHC has only increased to \$115,000, the Ad Hoc Committee has found that the **actual** cost of operating **the same** SBHC today is **\$296,300**. CASBHC fully supports funding to create new SBHCs, and to expand and enhance current SBHC sites. However, as recommended by the Ad Hoc Committee, our first priority is to subsidize current SBHC sties that are in danger of closing. This recommendation was not reflected in this bill.

We have proven through our asthma research that SBHCs are cost-effective. We know that SBHCs never experience an "empty chair" due to missed appointments. And overhead expenses such as rent, heat, and utilities that are normally incurred by a private practice are provided as an in-kind donation from the school system. But the strongest evidence supporting the cost effectiveness of services provided at the SBHC lies in the actual cost savings involved in their direct care. According to a study performed by CASBHC, a child seen for asthma through the SBHC averages \$22 for the visit compared to \$350 if that same child instead visits a hospital emergency room.

I remind you that one answer for increasing access, ensuring affordability, and prevention doesn't necessarily require the creation of a new system, it lies in subsidizing the SBHC

system that not only currently exists, but has a proven record of successful health outcomes for children.

Therefore, I urge you to revise HB#7366 to reflect the recommendations of the Commissioner and Speaker's Ad Hoc Committee Report and prioritize funding to subsidize our current SBHC programs sufficiently.

Thank you.